

REGISTRATION FORM

Please print:

NAME: _____

AGENCY: _____

DIVISION: _____

PHONE: _____

MAILING ADDRESS: _____

CITY/STATE/ZIPCODE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

PAYMENT METHOD:

Credit card _____ Call 303-236-0083 with credit card information

Coupons _____ Send to USGS, TIC, PO Box 25046, DFC, MS 801, Denver, CO 80225

Training form _____ Fax to 303-236-8888

Class title	Class Date		Fee
	1 st choice	2 nd choice	

COMMENTS: